## **DECLARATION AND POWER OF ATTORNEY**

Docket No.: 285.1001US

As a below named inventor, I hereby declare that:

.My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

| ORAL HYGIENE PRODUCT FOR HUMAN AND  | ANIM                                 | IAL USE WITH   | I A MELATONI   | N BASE AS AN ACT  | IVE PRO                                     | DUCT,  |
|---|--------------------------------------|--|--|---|---|--|
| the specification of which (check one)  |                                      |  |  |   |   |  |
| is attached hereto  |                                      |  |  |   |   |  |
| was filed on as Applicati   | on Sei                               | rial No  | _ and was ame  | nded on   |   |  |
| ☐ I hereby authorize and request our att<br>York, New York 10018 to insert here in parenthe<br>filed) the filing dat  | ses (a                               | pplication num   | nber   |   |   | venue, New   |
| I hereby state that I have reviewed and unders as amended by any amendment referred to above  | tand th                              |  |  |   |   | the claims,  |
| I acknowledge the duty to disclose all informatio defined in Title 37, Code of Federal Regulations  | , §1.56                              | 3.   |  |   |   |  |
| I hereby claim priority benefits under Title 35, L<br>patent or inventor's certificate listed below and<br>patent or inventor's certificate having a filing date  | d have                               | also identifie   | d below any f  | oreign and/or provisi   | ional ap                                    | cation(s) for plication for                          |
| 200202810   | ES                                   |  | 9/12/02  | /02   |   | laimed   |
| Number C  |                                      | ry   | Day/Month/Year Filed   |   | Yes   | No   |
| Number  | Count                                |  | Day/Month/Year   | Filed   | Priority o                                  | claimed<br>No  |
| I hereby claim the benefit under Title 35, Unite insofar as the subject matter of each of the clair the manner provided by the first paragraph of material information as defined in Title 37, Code the prior application and the national or PCT into                          | ms of t<br>f Title<br>e of Fe        | his application<br>35, United St<br>ederal Regulat               | is not disclose<br>ates Code, §1<br>ions, §1.56(a)                 | d in the prior United<br>12, I acknowledge t<br>which occurred between                          | States a                                    | pplication in to disclose                            |
| Application Serial Number   |                                      | Day/Month/Year Filed   |  | Status  |   |  |
| pplication Serial Number  |                                      | Day/Month/Year Filed   |  | Status  |   |  |
| And I hereby appoint Clifford M. Davidson, Rev. No. 36,561, William C. Gehris, Reg. No. 38,156 Erik R. Swanson, Reg. No. 40,833, Thomas P. Davidson, Davidson & Kappel, LLC, U.S. Patstrassburger, Reg. No. 34,258, my attorneys, w to transact all business in the U.S. Patent | 6, Mor<br>Cant<br>ent ar<br>ith full | ey B. Wildes,<br>y, Reg. No. 44<br>id Trademark<br>power of subs | Reg. No. 36,96<br>4,586, and all office Custom<br>titution and rev | 68, Robert J. Paradis<br>other registered attor<br>ier Number 23280, a<br>ocation, to prosecute | o, Reg.<br>neys an<br>as well a<br>this app | No. 41,240, and agents at as Philip C. olication and |

DAVIDSON, DAVIDSON & KAPPEL, LLC, 485 Seventh Avenue, 14th Floor, New York, New York 10018; Telephone: (212) 736-1940; Fax: (212) 736-2427.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Full name of sole or first Inventor | Antonio Cutando SORIANO               |
|-------------------------------------|---------------------------------------|
| Inventor's signature                |                                       |
| Date                                |                                       |
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| Full name of additional Inventor | Dario Acuna CASTROVIEJO                 |
|----------------------------------|---|
| Inventor's signature             |   |
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## **DECLARATION AND POWER OF ATTORNEY**

Docket No.: 285,1001 Full name of Full name of Carlos Arana MOLINA Gerardo Gomez MORENO additional Inventor additional Inventor Inventor's Inventor's signature signature Date Date Granada Cajar, Granada Residence Residence Monachil, 434 Alcubilla, 6 Post Office Post Office 18007 Granada 18198 Cajar, Granada Address Address Spain Spain Citizenship Citizenship Full name of Full name of additional Inventor additional Inventor Inventor's signature Inventor's signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship Full name of Full name of additional Inventor additional Inventor Inventor's signature Inventor's signature Date Date Residence Residence Post Office Post Office **Address** Address Citizenship Citizenship Full name of Full name of additional Inventor additional Inventor Inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship